

REGION VIII AGING SERVICES

Mark Jesser, Regional Aging Services Program Administrator

Serving: Adams, Billings, Bowman, Dunn, Golden Valley, Hettinger, Slope, & Stark Counties



Summer 2007



INSIDE THIS ISSUE

Page 2: Dietary Reference Intakes (DRI's)

Page 3: Identity Theft and Fraud Tips.

Page 4: Alzheimer's

Pages 5 & 6: Stroke Awareness

Page 6: Heat Exhaustion & Heat Stroke

Page 7: Tips for People at Risk for Type 2 Diabetes

Pages 8 & 9: ND Family Caregiver Support Program

Page 10: Legal Services of ND Senior Legal Hotline Info

Page 11: Telephone Numbers To Know


AGING SERVICES NEWSLETTER

Please share this newsletter with a friend, co-worker, at your Senior Center, post on a bulletin board, etc. If you wish not to be on the mailing list for the newsletter, please contact **Mark Jesser** at **227-7557**. You are welcome to submit any news you may have regarding services and activities that are of interest to seniors in this region. **Badlands Human Service Center** makes available all services and assistance without regard to race, color, national origin, religion, age, sex, or handicap, and is subject to Title VI of the Civil Rights Act of 1964, Section 504 of the Rehabilitation Act of 1975 as amended. **Badlands Human Service Center** is an equal opportunity employer.

MISSION STATEMENT

In a leadership role, Aging Services will actively advocate for individual life choices and develop quality services in response to the needs of vulnerable adults, persons with physical disabilities, and an aging society in North Dakota.

*Region VIII Newsletter
compiled by WCHSC
Aging Services*

*Layout & design by 
Peggy Krein, WCHSC*



Dietary Reference Intakes (DRI's)

Older Americans Act Nutrition Programs – More Than Just a Meal

“What’s for lunch today?” is a question frequently heard at an Older Americans Act (OAA) nutrition site often a Senior Center. The question is readily answered by the site manager, the cook, or another participant. But, do you know what goes on “behind the scenes” to prepare that meal? Meals served by nutrition programs are made from menus that are carefully written to include adequate nutrients that promote good health and manage chronic disease.

The 2006 amendments to the Older Americans Act (OAA) address several important changes to the OAA Nutrition Program. For the first time, the law documents the purpose of nutrition services:

- “1) To reduce hunger and food insecurity;
- 2) To promote socialization of older individuals; and
- 3) To promote the health and well being of older individuals in assisting such individuals to gain access to nutrition and other disease prevention and health promotion services to delay the onset of adverse health conditions resulting from poor nutritional health of sedentary behavior.”

The law further requires that all meals must comply with the most recent Dietary Guidelines for Americans and provide for each meal, a minimum of 33 1/3% of the **Dietary Reference Intakes (DRI's)** as established by the Institute of Medicine of the National Academy of Sciences. Dietary Guidelines describe food choices that promote good health. The DRI's help assure that nutrient needs are met.

With the new requirements, you will see some changes in the menus. In order to meet nutrient requirements, an additional serving of bread or a bread alternative and an additional serving of a fruit or vegetable will be served; fats and sodium will be limited. The nutrition providers will continue to serve tasty and healthful meals.

In addition to nutritious meals, the OAA Nutrition Programs also provide other services for older individuals. They include:

- Congregate meal site participation: provides for interaction and socialization.
- Nutrition education: empowers individuals to make behavior changes in eating habits through information on food and nutrition.
- Nutrition counseling: provides individualized information/counseling on specific nutrition issues or concerns.
- Information and referral: connects individuals to other needed services in the community.
- Health maintenance services and exercise programs are also available at many of the nutrition sites.

So, the next time you go to the nutrition site, take advantage of all that it has to offer!

Source: Sheryl Pfliger, Program Administrator, DHS, Aging Services Division

WE CANNOT DIRECT THE WIND, BUT WE CAN ADJUST OUR SAILS.



Beware of Identity Theft and Fraud tactics

Almost 5 million seniors are victims of financial abuse every year. Seniors are often an easy target for moneymaking schemes. Learn to recognize the bad guys!

1. **Beware of unknown charities, especially the pushy ones.** Never donate to a charity you haven't heard of without first checking into the organization and confirming that it's legitimate. Consult the Better Business Bureau or use www.guidestar.org to research the organization further. Charities that use "high-pressure tactics" to convince you to donate are often fraudulent.
2. **Never provide personal information via e-mail.** Legitimate banks and financial institutions don't contact you about your account status via e-mail and don't ask you to provide your personal account numbers or other private financial information. Some e-mail scams attempt to resemble banks, eBay or PayPal in an attempt to capture your account numbers. You should delete all such e-mails.
3. **Think twice before granting power of attorney.** Seniors are often swindled out of their savings and assets by a person who befriends them, earns their trust, and then convinces them to sign over power of attorney, which grants them the legal authority to manage bank accounts and finances. Before ever granting anyone power of attorney, seniors should know to check with at least one family member or trust-worthy person.
4. **Don't give insurance salesmen the benefit of the doubt.** Seniors should never purchase investment products from anyone without first verifying his or her credentials. While all securities salespeople are required to disclose the broker or dealer for whom they work, insurance and annuity salespeople don't have the same obligation.
5. **"WARNING: Bogus Phone Calls on Jury Service may lead to Fraud"** The FBI is warning the public against an ongoing scheme involving jury service. Seniors need to be aware that individuals identifying themselves as U.S. court employees have been telephonically contacting citizens and advising them that they have been selected for jury duty. These individuals ask to verify names and Social Security numbers, and then ask for credit card numbers. If the request is refused, citizens are then threatened with fines. The judicial system does not contact people telephonically and ask for personal information such as your Social Security number, date of birth or credit card numbers. If you receive one of these phone calls, do not provide any personal or confidential information to these individuals. This is an attempt to steal or to use your identity by obtaining your name, Social Security number and potentially to apply for credit or credit cards or other loans in your name. It is an attempt to defraud you. If you have already been contacted and have already given out your personal information, please monitor your account statements and credit reports, and contact your local FBI office. Local FBI field office telephone numbers can be found in the front of your local telephone directory or on www.fbi.gov. For further information, please review the warnings posted on the U.S. Courts website at www.uscourts.gov, "Newsroom".
6. **VISA & MasterCard Telephone Credit Card Scam.** The scam works like this: Person calling says, "This is (name), and I'm calling from the Security and Fraud Department at VISA. My Badge number is 12460. Your card has been flagged for an unusual purchase pattern, and I'm calling to verify. This would be on your VISA card which was issued by (name of bank). Did you purchase an Anti-Telemarketing Device for \$497.99 from a Marketing company based in Arizona?" When you say "No", the caller continues with, "Then we will be issuing a credit to your account. This is a company we have been **(continued on back page)**

ALZHEIMER'S

Driving & Alzheimer's

Families struggle with the decision to limit or stop a person with dementia from driving. The person may be upset by the loss of independence and the need to rely on others for going places. This sense of dependence may prevent people with dementia from giving up the car keys. A diagnosis of Alzheimer's disease alone is not a reason to take away driving privileges. Here are some ways to best determine if it is safe for a person with dementia to continue driving.

Warning Signs of Unsafe Driving

- Forgetting how to locate familiar places
- Failing to observe traffic signals
- Making slow or poor decisions
- Driving at inappropriate speeds
- Becoming angry and confused while driving
- Hitting curbs
- Poor lane control
- Confusing the brake and gas pedals
- Returning from a routine drive later than usual

Tips to Limit Driving

- Ask a doctor to write the person a "do not drive" prescription
- Control access to the car keys
- Disable the car by removing the distributor cap or battery
- Park the car on another block or in a neighbor's driveway
- Have the person tested by the Department of Motor Vehicles
- Arrange for another mode of transportation
- Substitute the person's driver's license with a photo identification card (in addition to making the car inaccessible)

Stay Mentally Active

Mental decline as you age appears to be largely due to altered connections among brain cells. But research has found that keeping the brain active seems to increase its vitality and may build its reserves of brain cells and connections. You could even generate new brain cells.

You don't have to turn your life upside down, or make extreme changes to achieve many of these benefits. Start with something small, like a daily walk or crossword puzzles. After a while, add another small change.

Keep Your Brain Active Every Day

- Stay curious and involved – commit to lifelong learning
- Read, write, work crosswords or other puzzles
- Attend lectures and plays
- Enroll in courses at your local adult education center, community college or other community group
- Play games
- Garden
- Try memory exercises
- Take dancing lessons

Source: Alzheimer's Association, Minnesota-North Dakota Spring 2007 Newsletter

For more information on Alzheimer's, contact the following:

Western North Dakota Regional Office
 Kristi Pfliger-Keller, Director
 1223 S. 12th Street, Suite 7
 Bismarck, ND 58504
 (701) 258-4933

Region VIII Council on Aging will be holding its monthly meeting on Monday, August 6th, 2007 starting at 10:00am at Villard Terrace in Dickinson. Everyone Welcome!

STROKE Awareness:

Stroke doesn't discriminate – it affects people of all ages, ethnicities and backgrounds!

- Stroke is the No. 3 killer in the U.S. and a leading cause of disability.
- One of six people over age 55 is at risk of stroke.
- Know your risk factors. Learn the warning signs. A family history of stroke increases your risk.

Fortunately, most strokes are preventable, and you can take steps **NOW** to reduce having a stroke.

Face Stroke Before It Faces You.



Lowering Your Risk:

With more than 700,000 Americans suffering a stroke each year, it becomes critical to understand both the signs of this deadly condition and ways to lower the risk. While some risk factors are hereditary, others result from lifestyle factors that may be controllable or treatable:

- High blood pressure – High blood pressure is the most important controllable risk factor for stroke. The effective treatment of high blood pressure has helped lower the death rate for stroke.
- Cigarette smoking – Studies have shown cigarette smoking to be an important risk factor for stroke. The nicotine and carbon monoxide in smoke damages the cardiovascular system.

- Atrial fibrillation – This heart rhythm disorder raises the risk for stroke. The heart's upper chambers quiver instead of beating effectively, which can let the blood pool and clot. If a clot breaks off, enters the bloodstream, and lodges in an artery leading to the brain, a stroke occurs.

- Sickle cell disease (also called sickle cell anemia) - This genetic disorder mainly affects African-American and Hispanic children. "Sickled" red blood cells are less able to carry oxygen to the body's tissues and organs. These cells also tend to stick to blood vessel walls, which can block arteries to the brain and cause a stroke.

- High blood cholesterol – People with high blood cholesterol have increased risk for stroke. Also, low HDL ("good") cholesterol is a risk factor for stroke in men, but more data is needed to verify its effect on women.

- Poor diet – Diets high in saturated fat, trans fats and cholesterol can raise blood cholesterol levels. Diets high in sodium (salt) can contribute to increased blood pressure. Diets with excess calories can contribute to obesity. A diet containing five or more servings of fruits and vegetables per day may reduce the risk of stroke.

- Physical inactivity and obesity – Being inactive, obese or both can increase your risk of high blood pressure, high cholesterol, diabetes, heart disease and stroke. So go on a brisk walk, take the stairs, and do whatever you can to make your life more active. Try to get a total of at least 30 minutes of activity on most or all days.

- Schedule regular visits with your doctor.

(For more information about stroke risk and prevention, visit the American Stroke Association at www.strokeassociation.org.)

Learn the Warning Signs of a Stroke:

Stroke is highly treatable in the first three hours.

Call 9-1-1 IMMEDIATELY if any occur.

- Sudden numbness or weakness of the face, arm or leg, especially on one side of the body.
- Sudden confusion, trouble speaking or understanding.
- Sudden trouble seeing in one or both eyes.
- Sudden trouble walking, dizziness, loss of balance or coordination.
- Sudden, severe headache with no known cause.

*You have the **Power To End Stroke**. Visit StrokeAssociation.org/power or call 1-888-4-STROKE.
(Sources taken from Community-Health-Advocacy-Pfizer Spring 2007)*



Hot weather invites outdoor fun.....

It can also put seniors at risk for heat-related illness such as heat exhaustion and/or heat stroke. Too much heat may lead to other serious disorders such as dehydration, heat cramps, and sunburn. In some cases, heat related illnesses may be fatal. Your best defense against heat related illness is prevention.

Heat exhaustion is the direct result of the loss of body fluids and important salts in the body. The symptoms of this condition are best described as:

- lightheadedness to dizziness,
- headache,
- nausea,
- fatigue,
- profuse sweating, and
- the skin is often pale and clammy.

Treat the person by placing them in a cool environment, remove or loosen tight clothing, and have them lie down. Keep them cool and have them drink plenty of fluids or Gatorade.

A **heat stroke** victim's body is hot (usually up to 104 degrees), and usually dry, red and spotted. Heat stroke can be caused by being in extreme heat for a long period of time, and is a medical emergency. It may develop quickly in older people living in hot and humid environments. Without some immediate treatment, heat stroke can result in coma and death. The symptoms that a victim might experience are:

- being confused,
- having convulsions,
- being delirious, and
- even unconscious.

Immediate first aid and medical assistance is necessary. Call **911** immediately. (**FAST** action is essential!) This is a medical emergency!!!

The best way to avoid heat stroke is to:

- stay out of the sun,
- keep cool,
- drink plenty of fluids and avoid beverages with alcohol or caffeine,
- take cool baths, or shower often, especially if you're in a hot and humid climate,
- eat lightly,
- normally exercise can be good for you, but you must take precautions not to over do it,
- wear loose-fitting cotton clothes,
- avoid going outside in the middle of the day, and
- run a fan to provide cooling.

For adults 65 and older, exposure to extreme heat, even for a short time, can overload the body's natural cooling system. This can pose a real health threat, especially when temperatures soar and humidity is high. (*This article is general information, and should not be construed as medical advice.*)

TIPS FOR PEOPLE AT RISK FOR TYPE 2 DIABETES:

As you get older, your risk for type 2 diabetes increases. If you are age 60 or more and overweight, you are at risk for type 2 diabetes or pre-diabetes. Take these small steps to prevent or delay the onset of the disease. Lose a modest amount of weight (10 to 14 pounds for a 200-pound person) by moving more and making healthy food choices.

Eat Right

To prevent type 2 diabetes!

Reduce the amount of food you eat to help with weight loss.

Choose Healthy Foods:

- Whole grain foods such as whole wheat bread, crackers, and cereals, and brown rice, oatmeal, and barley.
- A variety of colorful fruits and vegetables.
- Small portions of heart-healthy fats such as nuts, seeds, and vegetable oils.
- Low fat or skim milk, yogurt, and cheese.

Try These Tips:

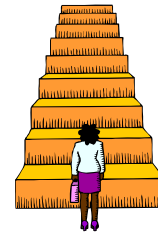
- Eat three-ounce servings of meat, poultry, and fish – about the size of a deck of cards.
- Choose fish and lean meat and poultry without the skin.
- Choose foods that have been baked or broiled instead of fried.
- Limit sweets and desserts. They usually contain a lot of fat as well as sugar. Have a small serving at the end of a healthy meal – and not every day.
- Share large portions when eating out.
- When your grandkids visit, offer them health snacks such as fruit instead of cookies and chips.
- Choose water to drink.
- Eat breakfast every day.

REMEMBER

- Ask your doctor or health care team if you are at risk for type 2 diabetes. Let them know you want to be more active. If you have limited physical ability, ask which activities will be safe for you.
- Make healthy food choices and reduce the amount you eat.
- Your goals are to get 30 minutes of physical activity five days a week and to lose a modest amount of weight.
- Medicare offers a free blood glucose test for people at risk for diabetes. Visit www.medicare.gov or call 1-800-MEDICARE to learn more.

It may not be easy to make these lifestyle changes, but you can do it!!

TAKE YOUR FIRST STEP TODAY



To learn more, go to the:

- National Diabetes Education Program at www.ndep.nih.gov. Click on the **Small Steps, Big Rewards. Prevent type 2 Diabetes.** link for a free copy of **Your GAME PLAN to Prevent type 2 Diabetes.** You can also call 1-800-438-5383.
- Weight-control Information Network (WIN) at www.win.niddk.nih.gov or 1-877-946-4627.

www.ndep.nih.gov

(Taken from: NIH Publication No. 07-5528 NDEP 75)

ND Family Caregiver Support Program

Caregiving: The Power of Positive Attitude

Your attitude toward the challenges of caregiving will make it easier or more difficult for you to deal with them. If you have an optimistic attitude, you are more likely to expect that a positive outcome is possible and to focus on what you can do when faced with a change or decision. With a pessimistic attitude, focus is on the negative. Being optimistic doesn't mean you suppress your feelings when dealing with a difficult situation or decision. It's perfectly normal to feel discouraged, angry, fearful, anxious, sad and uncertain. However, people who are optimistic get beyond these feelings to make the most of a situation.

An optimistic attitude helps you avoid depression, helps you focus, and motivates you to move forward. Studies also show that an optimistic attitude may help you avoid getting sick during stressful times. On the other hand, a pessimistic attitude – for example, thinking nothing can be done – will probably keep you from looking for ways to deal with the changes you face and will increase feelings of helplessness. And, it might even put your health at risk.

Optimism creates possibilities and hope; pessimism destroys them. How you view events can either enhance or undermine your ability to master a transition.

To determine if you tend to be optimistic or pessimistic, complete the following. Check "yes" if you agree with the statement; check "no" if you don't agree.

<u>Yes</u>	<u>No</u>	
<input type="checkbox"/>	<input type="checkbox"/>	Caregiving problems are never-ending.
<input type="checkbox"/>	<input type="checkbox"/>	Good things that happen are only brief moments in time.
<input type="checkbox"/>	<input type="checkbox"/>	Chronic illness casts a dark cloud over every area of my life.
<input type="checkbox"/>	<input type="checkbox"/>	I am responsible for making the care receiver happy.
<input type="checkbox"/>	<input type="checkbox"/>	Nothing can be done to make my situation better.

If you checked "yes" to any of the previous statements, your attitude tends toward pessimism and may be inhibiting your ability to deal with change and to make sound decisions.

You can become more optimistic by applying these tools:

- View setbacks as temporary.
- View bad things as specific, not universal.
- Seek solutions to problems.
- Give yourself credit for what you do.

- Recognize beliefs are not facts.
- Practice positive self-talk.

<u>Optimistic Outlook</u>	<u>Pessimistic Outlook</u>
<p>“Things usually work out eventually.” <i>(Sees bad events as temporary that will pass. Shows hopefulness.)</i></p>	<p>“Things never seem to work out.” <i>(Sees bad things as permanent and unchangeable. Sees good as fleeting. Believes nothing can be done so does nothing.)</i></p>
<p>“Despite the stroke we still enjoy each other and our fishing trips.” <i>(Sees life as generally good with a negative event affecting only a part of life.)</i></p>	<p>“The stroke has ruined our retirement years.” <i>(Sees a negative event affecting entire life. Causes feelings of grief and loss for a future now viewed as gone.)</i></p>
<p>“Strokes happen. I’m looking at what we can do to prevent another stroke.” <i>(Does not blame self for situations or behavior cannot control. Willing to take credit for good things.)</i></p>	<p>“If I had insisted Norm quit smoking and fixed healthier meals, he probably would not have had a stroke.” <i>(Blames self for negative situations over which has no control.)</i></p>

Summary

The goal is to achieve a positive attitude based on present reality. Because you have control over your attitude, reaching this goal is up to you. If your current attitude is based on wishful thinking about the past, you can change it by how you deal with change and transition.

If you view a setback as “ruining your entire life forever,” you can change your perspective by identifying parts of your life untouched by the setback. If you view mistakes as opportunities to learn instead of signs of personal failure, you can avoid repeating them. If negative thinking and unfair self-criticism undermine your self-confidence, and paralyze your creativity, you can challenge the negativity with facts that make the criticism untrue.

Source: *The Caregiver Helpbook; Powerful Tools for Caregiving*



2007 Senior Wellness Sensation will be held on Thursday, August 16th at the Ramkota Hotel in Bismarck. A brochure/registration form can be obtained by calling Sheila Lindgren at 701-328-8868 or Toll Free at 1-888-328-2662.

Legal Services of North Dakota Senior Legal Hotline

Legal Services of North Dakota (LSND) and the Aging Services Division of the North Dakota Department of Human Services are partnering on a project to develop an enhanced senior legal services delivery system. This system will allow seniors to have telephone access to senior legal services programs provided by LSND, the State Bar Association of North Dakota (SBAND), and the University of North Dakota School of Law Clinic Education Program through one simple toll-free number. LSND will promote the use of the hotline with particular efforts toward Native American, immigrant, and rural and disabled seniors. WATCH for updates!

**Age 60+ years: Call Monday through Friday,
8 a.m. – 5 p.m. CT
1-866-621-9886**



I've learned...

I've learned...	That just one person saying to me, "You've made my day!" makes my day.
I've learned...	That the best classroom in the world is at the feet of an elderly person.
I've learned...	That having a child fall asleep in your arms is one of the most peaceful feelings in the world.
I've learned...	That being kind is more important than being right.
I've learned...	That you should never say no to a gift from a child.
I've learned...	That no matter how serious your life requires you to be, everyone needs a friend to act goofy with.
I've learned...	That we should be glad God doesn't give us everything we ask for.
I've learned...	That simple walks with my father and/or mother on summer nights when I was a child did wonders for me as an adult.

Telephone Numbers to Know

Regional Aging Services Program Administrators

Region I:	Karen Quick	1-800-231-7724
Region II:	MariDon Sorum	1-888-470-6968
Region III:	Donna Olson	1-888-607-8610
Region IV:	Patricia Soli	1-888-256-6742
Region V:	Sandy Arends	1-888-342-4900
Region VI:	Russ Sunderland	1-800-260-1310
Region VII:	Cherry Schmidt (local: 328-8787)	1-888-328-2662
Region VIII:	Mark Jesser	1-888-227-7525

ND Family Caregiver Coordinators

Region I:	Karen Quick	1-800-231-7724
Region II:	Theresa Flagstad	1-888-470-6968
Region III:	Kim Helten	1-888-607-8610
Region IV:	Raeann Johnson	1-888-256-6742
Region V:	Laura Fischer	1-888-342-4900
Region VI:	CarrieThompson-Widmer	1-800-260-1310
Region VII:	LeAnne Thomas	1-888-328-2662
Region VIII:	Michelle Sletvold	1-888-227-7525

Long-Term Care Ombudsman Services

State Ombudsman:	Helen Funk	1-800-451-8693
Region I & II:	Michelle Jacob	1-888-470-6968
Region III & IV:	Kim Helten or Donna Olson (701-665-2200) OR	1-888-607-8610
Region V & VI:	Bryan Fredrickson	1-888-342-4900
Region VII:	Helen Funk	1-800-451-8693
Region VIII:	Mark Jesser	1-888-227-7525

Vulnerable Adult Protective Services

Region I & II:	MariDon Sorum	1-888-470-6968
Region III:	Ava Boknecht, Kim Helten, or Donna Olson	1-888-607-8610
Region IV:	Patricia Soli	1-888-256-6742
	Direct referral to GFCSS VAPS:	1-701-797-8540
	RaeAnn Johnson Vulnerable Adult Team (VAT):	1-888-256-6742
Region V:	Sandy Arends	1-888-342-4900
	Direct referral may be made to Cass County Adult Protective Services unit:	1-701-241-5747.
Region VI:	Russ Sunderland	1-701-253-6344
Region VII:	Cherry Schmidt or Sheila Lindgren,	1-888-328-2662 or 1-701-328-8888
Region VIII:	Mark Jesser	1-888-227-7525

Other

Aging Services Division and Senior Info Line:	1-800-451-8693
AARP: (1-888-OUR-AARP)	1-888-687-2277
ND Mental Health Association (Local):	1-701-255-3692
Help-Line:	1-800-472-2911
IPAT (Assistive Technology):	1-800-265-4728
Legal Services of North Dakota:	1-800-634-5263
or (age 60+):	1-866-621-9886
Attorney General's Office of Consumer Protection:	1-701-328-3404 1-800-472-2600
Social Security Administration:	1-800-772-1213
Medicare:	1-800-633-4227
Senior Health Insurance Counseling (SHIC) ND Insurance Department:	1-701-328-2440
Prescription Connection:	1-888-575-6611
Alzheimer's Association:	1-701-258-4933 1-800-232-0851

(Identity Theft from page 3) watching and the charges range from \$297 to \$497, just under the \$500 purchase pattern that flags most cards. Before your next statement, the credit will be sent to (gives you your address), is that correct?" You say "yes". The caller continues - "I will be starting a Fraud investigation. If you have any questions, you should call the 1-800 number listed on the back of your card (1-800-VISA) and ask for Security. You will need to refer to this Control Number." The caller then gives you a 6-digit number. "Do you need me to read it again?" Here's the IMPORTANT part on how the scam works. The caller then says, "I need to verify you are in possession of your card". He'll ask you to "turn your card over and look for some numbers". There are 7 numbers. The first 4 are part of your card number, the next 3 are the Security Numbers that verify you are the possessor of the card. These are the numbers you sometimes use to make Internet purchases to prove you have the card. The caller will ask you to read the 3 numbers to him. After you tell the caller the 3 numbers, he'll say, "That is correct, I just needed to verify that the card has not been lost or stolen, and that you still have your card. Do you have any other questions?" After you say No, the caller then thanks you and states, "Don't hesitate to call back if you do", and hangs up. You actually say very little, and they never ask for or tell you the Card number. But after we were called on Wednesday, we called back within 20 minutes to ask a question. Are we glad we did! The REAL VISA Security Department told us it was a scam and in the last 15 minutes a new purchase of \$497.99 was charged to our card. What the scammers want is the 3-digit PIN number on the back of the card. Don't give it to them. Instead, tell them you'll call VISA or Master card directly for verification of their conversation. The real VISA told us that they will never ask for anything on the card as they already know the information since they issued the card! If you give the scammers your 3 Digit PIN Number, you think you're receiving a credit. However, by the time you get your statement you'll see charges for purchases you didn't make, and by then it's almost too late and/or more difficult to actually file a fraud report.

Mark Jesser
Regional Aging Services Program Administrator
Badlands Human Service Center
200 Pulver Hall
Dickinson, ND 58601- 4857

Phone: 1-701-227-7557
Toll Free: 1-888-227-7525
Fax: 1-701-227-7575
TDD: 1-701-227-7574